



BOB TAFT
GOVERNOR
STATE OF OHIO

**Testimonial Of
Ronald Edwards, Director Governors Office of Veterans Affairs
Before the
Capital Asset Realignment For Enhanced Services Commission
Columbus, Ohio
August 19, 2003**

Good Morning, Mr. Chairman and members of the Commission:

On behalf of Governor Bob Taft and the Administration, it is my pleasure to take this opportunity to provide you with our testimony in support of enhanced veterans healthcare for VISN 10 of Ohio. We are pleased to support the VISN 10, in that this long-term plan will enhance the medical services delivery for our veterans in the VA Healthcare System of Ohio.

The VISN 10 realignment plan is an impressive plan that will have a profound impact on the medical services to Ohio veterans. The consolidation of staff and services from the VA Medical Center at Wade Park and the VA Medical Center at Brecksville to the Wade Park location will undoubtedly provide a significant improvement to service delivery for our veterans. Additionally, the consolidation will provide significant cost savings for the VISN when concluded.

Columbus is the 15th largest city in the nation and still central Ohio veterans are not currently served by a VA Medical Center. Each year, thousands of central Ohio veterans in need of routine specialty clinics, and surgical procedures that are not available in the central Ohio area, must rely on provided transportation that requires our veterans to endure timely and costly travels. Many central Ohio veterans board transportation vans at the Chalmers P. Wylie Outpatient Clinic in Columbus to travel to VA Medical Centers in Cincinnati, Dayton or Cleveland for scheduled appointments to receive specialty medical care. Veterans routinely remain at the VA Medical Centers most of the day, and then make return trips traveling hundreds of miles; some enduring the affects of chemotherapy, outpatient surgeries, and other post medical procedures for prolong and uncomfortable periods of travel time. In many cases vehicles must rely on an elaborate network of transportation hubs throughout Ohio that interconnect transportation vehicles returning to central Ohio.



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The Chalmers P. Wylie Outpatient Clinic of Columbus, an independent, affiliated ambulatory healthcare facility, opened in February 1995. Unfortunately, today, the medical needs of the central Ohio veterans' community have outgrown the service capabilities of the Columbus VA Clinic. The outpatient clinic is approximately 118,000 net square feet; the clinic currently offers primary care and select specialty clinics. The clinic serves well over 25,000 veterans per year, additionally, serving 56 of Ohio's 88 counties and 1 county in Indiana.

Since 1995 the clinic has grown to sixteen affiliations including the Ohio State University College of Medicine, as well as the Colleges of Optometry, Dental, Nursing and the School of Pharmacy.

However, we recognize that the VISN 10 VA Healthcare System of Ohio, notably the central Ohio area, continues to under serve central Ohio veterans.

We support the VA initiatives to identify and realign its valuable resources within the vast VA healthcare system, and its commitment to enhance medical service delivery to America's veterans. We believe that the current Chalmers P. Wylie Outpatient Clinic of Columbus is no longer able to deliver the adequate healthcare to our veterans as originally designed, and we support the expansion and new construction of an additional VA Medical Center for central Ohio, and it is our position that we fully support a new VA Medical Center for Columbus, Ohio.

Mr. Chairman, I thank you for the opportunity to provide our comments and support to the CARES VISN 10 Plan. If you should have any questions, please do not hesitate to contact me.

Respectfully,

A handwritten signature in dark ink, appearing to read "R. Edwards".

Ronald Edwards, Director
Governor's office of Veterans' Affairs
77 S. High Street
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**CARES HEARING
COLUMBUS, OHIO
AUGUST 19, 2003
PRESENTED BY DAVID M. BRADLEY
DIRECTOR, FRANKLIN COUNTY
VETERANS SERVICE COMMISSION**

Mr. Chairman and Members of the Commission:

I appreciate the opportunity to provide comments on the VISN 10 plan to improve access and medical services to veterans in the Central Ohio area, particularly in Franklin County, which has been greatly underserved for many years. Veterans served by the Chalmers P. Wylie Outpatient Clinic here in Columbus have continued to rise even though community-based outpatient clinics have been established to alleviate the workload of the Columbus clinic. Each year since the Columbus Clinic was built in 1995 the number of visits has increased by at least 10%. The Columbus Clinic will see approximately 200,000 visits this year which is almost 70,000 more than what the clinic was built to serve. This has occurred although community-based clinics were established so veterans could receive care closer to home. In other words, the Columbus Clinic has continued to increase their workload even though the community-based clinics have been established.

Each time it was proposed to build a new clinic the proposals that were submitted by the Columbus Clinic were not approved simply because of the claim that the workload projections were too high. Well, they have exceeded by far the original proposals for the current clinic here in Columbus as well as they have surpassed the capacity for which it was built to handle that being 135,00 visits.

It is well known in Central Ohio that after five o'clock on weekdays and on weekends there is no facility for veterans to get medical care. We need a medical facility in Columbus that will be open to treat veterans 24 hours a day, seven days a week. We need a medical facility that can treat veterans in all medical areas so they do not have to get up at an ungodly hour to be at the Columbus Clinic to ride the van to Dayton or Cincinnati to get treated for a medical condition that could have been taken care of here in Columbus.

In closing, I appreciate the Commission allowing this opportunity for the Franklin County Veterans Service Commission to provide testimony on the CARES initiative for the Central Ohio area.

RESOLUTION**For the New****VETERANS AFFAIRS OUTPATIENT FACILITY IN COLUMBUS, OH****Submitted By****FRANKLIN COUNTY
VETERANS SERVICE COMMISSION**

Whereas the Veterans Affairs Outpatient Clinic, Columbus, Ohio, has been in operation since 1974 and the veterans population in the Central Ohio region has grown to over 100,000 during that period, and

Whereas the Columbus Veterans Affairs Clinic was built to handle 135,000 visits per year and currently is handling over 192,000 visits per year, and


Whereas the veterans population in the Central Ohio area does not have access to various special types of medical care and must travel more than 100 miles roundtrip to receive that care, and

Whereas the veterans population in the Central Ohio area has no sponsored urgent Veterans Affairs emergency care facility in Central Ohio area, and


Whereas the current Veteran Affairs Outpatient Facility is too small, understaffed, and under funded for projected new veterans coming into the system,

It is therefore resolved that Franklin County Veterans Service Commission fully endorses and encourages the building of a new and expanded Veterans Affairs Clinic and Ambulatory Surgical Center on the grounds of the Defense Supply Center in Columbus, Ohio, and

It is also resolved that Franklin County Veterans Service Commission encourage Congresswoman Deborah Pryce and Congressman Patrick Tiberi to continue their strong support such legislation as may be required to insure this project is completed no later than the year 2005.



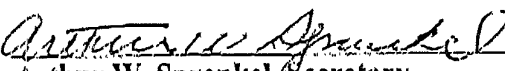
Roy C. Morello, President



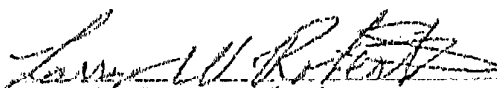
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JUNE 4, 2003
DATE



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STATEMENT OF

DONALD R. LANTHORN
Department Service Director

The American Legion
Department of Ohio

Before the

**CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON**

THE NATIONAL CARES PLAN

August 19, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA's) Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 10. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA healthcare system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$ 1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline for four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were

omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- Adequate funding for the implementation of the CARES recommendations.
- Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VA HEALTHCARE SYSTEM OF OHIO – VISN 10 – CENTRAL AND WESTERN MARKETS

The VISN 10 Central Market consists of 26 counties, 22 of which are rural and 4 urban. It includes the Chillicothe VA Medical Center (VAMC), Columbus Independent Outpatient Clinic and several Community Based Outpatient Clinics (CBOCs).

The VISN 10 Western Market consists of 32 counties in Indiana and Western Ohio, 19 of which are rural and 13 urban. It includes the Dayton VAMC, Cincinnati VAMC, and several Community Based Outpatient Clinics.

While The American Legion supports Department of Defense sharing agreements between VA facilities and military bases, this may prove to be a problem for many veteran patients. Currently, there is limited access to military installations due to homeland security precautions. We have witnessed increased alert status on occasions, and the havoc that followed in gaining access for conferences and meetings with VISN officials and our Transition Assistance Program (TAP) for soon to be discharged service persons. To place one's healthcare at such risk to availability does not seem prudent. Any such sharing agreement proposed should have as a basic concern access for veteran patients at all times.

Collaboration between VA facilities in the Western and Central markets is essential. Dayton and Cincinnati provide many duplicative services in a reasonably short distance from one another. It should be noted, however, the distance from Dayton to Wade Park in the Eastern market, and the many thousands of veterans that reside in this area. Any loss of services from Dayton VAMC impacts more than the overlapping service area with Cincinnati VAMC, and creates access and availability issues for the Central market, which is dependent on primarily Dayton, and in some instances already Cincinnati, for service delivery.

The primary issue today is hospital care access in the Central market. The planning initiative is to contract with local hospitals in the Columbus area for inpatient beds. The American Legion does not consider this a reasonable decision. Columbus and its metropolitan area is one of the largest in the country without a VA inpatient facility. It is a growing community with cities nearby among the fastest growing populations in the state. The geographical shift of the state's population in the past two decades has resulted in Columbus being the largest city in Ohio. To study the healthcare needs of veterans and conclude there is no need for an inpatient facility in Columbus makes suspect the entire CARES initiative. Is it a facility closing plan, or a true initiative to provide access to healthcare for veterans where they need it? Each expansion of outpatient services to Columbus area veterans has been met with increased usage beyond expectations, services to veterans restricted by facility capacities,

**STATEMENT OF
DOUGLAS LAY
DEPARTMENT ADJUTANT
DISABLED AMERICAN VETERANS
DEPARTMENT OF OHIO
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
COLUMBUS, OHIO
AUGUST 19, 2003**

Mr. Chairman and Members of the Commission:

On behalf of the Disabled American Veterans (DAV) Department of Ohio, and our members residing in central Ohio, I am honored to have this opportunity to comment on VISN 10's plan to enhance access and medical services to veterans throughout Ohio.

As an organization dedicated to the welfare of our Nation's disabled veterans, DAV is pleased to endorse VISN 10's plan, and would like to acknowledge Mr. Clyde Parkis, Director, and his staff for allowing our organization to be an integral part of the planning process. I, along with my counterparts in other veterans organizations, attended many meetings of the VISN staff that investigated and produced the final document for VISN 10. We hope that the Commission carefully reviews VISN 10's plan. We are confident that, following your evaluation, you will see not only significant long-term financial savings, but also very significant steps to provide needed medical service for central Ohio veterans.

I would first like to comment on VISN 10's recommendation to consolidate health care services at the Cleveland Wade Park Campus. We believe that by shifting services and staff from the Brecksville Campus to the Wade Park Campus that it will not only allow better continuity of care, but will also reflect a significant financial savings by eliminating physical facilities that are very costly. One item that was brought to our attention was that Cleveland Director William Montague budgets over \$5 million per year just for transporting veterans and staff between the two facilities. This alone is a significant savings. By consolidation of the two campuses, additional savings would be forthcoming.

Second, Mr. Chairman, I wish to comment on VISN 10's plan to address surgical care for central Ohio veterans. Each week, approximately 300 veterans who access the Columbus Outpatient Clinic have to travel to either the Cincinnati or Dayton medical facilities for surgical care. It is deplorable that veterans, no matter what age, must travel over 250 miles to receive care! Many veterans have to rise at an early hour, travel to the Columbus Clinic, be transported to either Cincinnati or Dayton, endure a surgical procedure, then make the trip back to Columbus, then on to their home. The travel alone is difficulty enough for our fellow veterans. To undergo surgery that is unavailable in Columbus and then face travel in very uncomfortable condition is an injustice to the veteran, and should not continue to happen. Therefore, the DAV Department of Ohio fully supports the establishment of surgical facilities in central Ohio. This, Mr. Chairman, should be a priority of the VA health care system.

Mr. Chairman, it has been my honor to provide the Commission our thoughts and concerns with VISN 10's CARES initiative. We trust that the Commission will fully recognize the benefit of the Cleveland consolidation, and that the Committee will overwhelmingly endorse the surgical care project for central Ohio—this project should and must be a priority over and above the CARES plan. The DAV is available at any time, locally or with our national staff, to work with Secretary Principi to ensure timely and quality health care services to fellow disabled veterans. Should you or any committee members have any questions or concerns about our views on VISN 10's CARES plans, please contact us at any time.